

Clinical Dispute Resolution form

Membership Number or Reference		Dependant Code	
Appellant's Name	RSA ID Number		

APPEAL		

Received by			
Contact Number			
Referred to			

Contact Details

MEDICAL ADVISOR'S RULING



Clinical Dispute Resolution form

Resolved	Yes No
Pending	Yes No
Unresolved and Referred to Clinical Committee	Yes No
Date Referred	

CLINICAL COMMITTEES RULING
